

For Washington State Nursing Home staff
From Residential Care Services, Aging and Disability Services
Department of Social & Health Services

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our mascot:
Cousin IT

"This is I.T." Newsletter

**Info and Tips from the MDS-WA Office—Clinical stuff,
Computer stuff, Reports 'n stuff, and other STUFF!**

By Marge Ray and Shirley Stirling, State of WA, DSHS

Where did they go?—Tracking Forms

"Tracking—the act or process of following the trail of a person or animal."

Tracking forms, or 'trackers', follow each nursing home (NH) resident's whereabouts in the health care system. They record the discharge from and re-entry to a NH for all residents who leave and for those who return, as expected, after discharge.

Accurate tracking forms are needed to set the correct number of stay days for payment and avoid or, at least, limit defaults.

Discharge Trackers—The discharge tracker is used: any time a resident leaves the NH for an observational stay **over** 24 hours, is admitted to a hospital for acute care, returns home, goes to another NH, or expires.

Trackers are not used for social or therapeutic leave or for outpatient stays under 24 hours where the resident is not admitted.

If a Medicare resident is out of the NH at midnight, but for less than 24 hours and is not admitted to an acute care facility, do not complete a discharge tracking form and do not restart the Medicare assessment schedule. (See RAI User's Manual chapter 2, page 38 for payment implications.)

The 3 types of discharge include:
06 = Discharge return not anticipated
07 = Discharge return anticipated

08 = Discharge prior to completing initial assessment by day 14

If the initial OBRA comprehensive assessment with RAPS (AA8a=1) is not complete when the resident discharges, you must use code 08 "Discharged prior...", even if you expect the person to return.

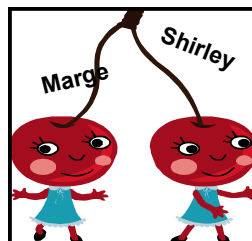
Why? If the tracker is not coded 08, the date of admission (AB1) is not captured and so the system assumes the resident has been in the NH since the beginning of the quarter—then a default occurs. Even with a Medicare 5 day assessment completed, the discharge tracker must be coded 08 because the Medicare assessment is not a comprehensive assessment and there is no AB1 date on Medicare only assessments.

When a residents discharges after the initial OBRA assessment with RAPS is complete, then one of the other two codes (06 or 07) is appropriate.

FACT!!! The incorrect coding of discharge trackers is one of the greatest contributors to defaults in WA State.

Re-Entry Trackers — Use a re-entry tracker 09 when a resident returns to the NH after "discharge return anticipated" 07.

In WA State we also require a reentry tracker when a resident



IT Newsletter Authors
For a more accurate picture of Marge Ray and Shirley Stirling, please see our next issue.

returns after "Discharge prior to completion of initial assessment" 08 as long as the return is within 120 days of the discharge. The 120 day rule is specific to Washington State.

Do not use re-entry trackers after "Discharge return not anticipated" 06. After an 06 discharge, the subsequent stay is a new admission with a new admission date (AB1) and a new stay period.

For more info, please see the RAI User's Manual chapter 2 pages 23-25 and the Casemix web page listed below under 'Discharge and Re-entry'. Print the tracking flow sheet.

WA State Casemix Website:

<http://www.adsa.dshs.wa.gov/Professional/CaseMix/>

***Inside this
issue:***

Where did they go — 1
Tracking Forms

MDS Talk... The Acro- 2
nym Maze

Featured Manual: 3
**Revised LTC Facility
RAI Manual**

Featured Report:
**Speaking of Dis-
charge Trackers...**

**Facility Report
Schedule**

Featured Website:
**CMS Federal MDS 3.0
web page**

ABC's of MDS: Spring 4
training sessions

Computer Corner:
**Goodbye Modem &
Hello Broadband**

Our goal...



**Our goal is to help
you accurately assess,
code, and transmit the
MDS.**

**Accurate assessment
forms a solid founda-
tion for individualized
care to help residents
achieve their highest
level of well-being.**

MDS talk...the acronym maze

"Good morning. ... Ahem!"

Staff meeting today will focus on MDS and RUG issues. Using the MPAF has greatly reduced the paperwork burdens and our PPS CMI is holding steady with very few BC1's. QI/QM percentages are also in good shape. There are some new DAVE tip sheets to review from CMS also."

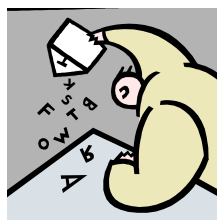
Okay...everyone get that?

This short scenario illustrates how much the **MDS** (Minimum Data Set) has influenced the everyday language of long term care. It transcends professional disciplines and helps us use a common talk. But, it only works if everyone understands the acronyms.

The glossary in the RAI User's Manual Version 2.0 located in Appendix A is a

great place to start looking for definitions and a list of the common acronyms used with the RAI (Resident Assessment Instrument) process.

In the above example, **RUG** stands for Resource Utilization Group and is part of the classification and payment system. **MPAF** stands for Medicare Prospective Payment Form and is the shortened Medicare assessment tool. This type of MDS form contains all the items needed for resident identification, RUG-III classification and quality indicator calculation — it can be used any time you are doing a Medicare only assessment. **PPS** is the Prospective Payment System. PPS was developed for Medicare skilled nursing facilities and pays an all inclusive rate for Medicare Part A services. **CMI** stands for Case Mix Index and is a numeric score assigned to each RUG to reflect the resources predicted to give care to a resident. The higher



the CMI, the greater the resources needed, and the greater the payment. **BC1** is one type of default classification that is assigned the lowest CMI. **QI** refers to Quality Indicator and **QM** is for Quality Measure. assessments. **QI's** display common conditions in terms of prevalence and incidence of occurrence while **QM's** gives consumers information to make informed decisions about the quality of care in nursing homes.

DAVE stands for Data Assessment and Verification program; this program is administered by **CMS** (Centers for Medicare and Medicaid Services) to ensure that the MDS is accurate. They do this with data analysis, off-site and on-site reviews of MDS assessments and provider education. CMS is the federal agency that administers the Medicare/Medicaid Program.

You can see that negotiating the acronym maze is not too hard once you know what they mean!

Q2IT — MDS Tracking Forms Tips from the Treasure Trove

Q. If a resident is discharged **07** "Discharge return anticipated," but does not return to the nursing home, should we do an error correction to change the code to a **06** "Discharge return not anticipated"?

A. No, it is not necessary to correct the tracking form. At the time it was completed the code on the tracking form accurately reflected what was expected to happen. For nursing home rate calculations, a discharge is a discharge. It does not matter if the tracking form was coded as 06 or 07.

Q. The flow chart for tracking forms in the RAI User's manual on page 2-26 says that a reentry tracking form is not required when a resident returns after being

"...and this default will continue forever until a discharge tracking form is successfully submitted to the State database." Marge Ray

discharged **08** "Discharged prior to completion of initial assessment". I was told I had to do one though. Is that correct?

A. Yes, Washington State requires a reentry tracking form when a resident who was discharged as an **08** returns to the facility if they return within 120 days



of the discharge. This requirement is related to the calculation of the Medicaid nursing home rate. The RAI User's Manual reflects federal MDS policies not State specific requirements and that is why it is not in the federal manual.

Q. What happens if a resident leaves the facility but we do not submit a discharge tracking form?

A. Defaults occur once any current assessment is no longer valid (over 92 days from R2b date). And this default will continue forever until a discharge tracking form is successfully submitted to the State database.

MDS 3.0 - All Aboard!

Please get all aboard for the first extensive clinical update of the MDS since 1995, based on a 5-year validation study.

Go to: <http://www.cms.hhs.gov>

In the Search box type: MDS30Timeline
Click on the result link and you can print the 1-page timeline with dates

and milestones. Also, presentation materials from the recent MDS3.0 Special Open Door Forum 3.0 are now posted. Click on the Special Open Door Forums

link at this address:

<http://www.cms.hhs.gov/OpenDoorForums/>

There find a summary and Power-Point slides. Listen to an audio recording of the forum, available for 30 days. Get it from the website above or Call **1-800-642-1687**. Enter ID **21019367#**. Press * to pause and again to restart at any time.

Featured Manual—The Revised Long Term Care Facility RAI User's Manual-Version 2.0

Each issue we highlight a manual and point out features about it that may be helpful to you or other staff in your NH.

The Revised Long Term Care Facility RAI User's Manual-Version 2.0

This manual was totally revised in December 2002 and is the source for completing resident assessments. It has been updated 12 times with corrections and clarifications with the most recent update occurring December, 2007 and effective January 2008.



Gotta have it!

The RAI LTC User's manual can be found on at least 3 different websites:

Website #1

www.cms.hhs.gov/NursingHomeQualityInits/20

Website #2

www.qtso.com/Mdsdownload.html

Website #3

www.adsa.dshs.wa.gov/professional/mds/clinical

Manuals can also be purchased from forms companies and publishers of long term care information.

If you are involved with the assessment processes for nursing home residents, you need easy access to a manual to ensure accurate coding.

The manual also provides directions on timing of assessments, documentation requirements, error correction, significant change of condition criteria, completion of tracking forms, how to do RAPS and care planning and an explanation of the PPS RUG-III classifications.

This is a must have and a must read manual.

Featured Report - Speaking of Discharge Trackers...

Each issue we highlight a report or group of reports:

Resident is Discharged without Return

This report displays all residents who have been discharged and not readmitted and can be valuable in helping you get a handle on your discharge activity.

It includes residents with assessments where AA8a = 06, 07, or 08 AND the R4 date is within the target month.

Any resident discharged and readmitted during the target month will not appear on this report. If a resident was discharged with return anticipated, AA8a=07, but did not return during the target month, he or she WILL appear on this report.

Facility Report Schedule —

The above report is one of 8 monthly reports that we mentioned in our last issue. They are stored along with the Initial and Final Validation Reports on the protected state web site. The run cycle is:

On the 5th of each month:

MDS Activity Report
MDS Missing Assessment Report

On the 6th of each month:

MDS New Admission Report
MDS Residents with Changes to Resident Identifiers Report
Resident Discharged Without Return

On the 7th of each month:

End of Month Roster Report

MDS Questionable New Resident Report

On the 28th of each month:

Monthly Quality Indicator Comparison

Note: Sometimes the run dates vary from the above schedule, but the dates covered in the report do not because these reports are always based on most recent full month.

"Sometimes the run dates vary,... but the dates actually covered in the report do not."

Shirley

Featured Website — MDS 3.0 website

Each issue we will highlight a website that you or other staff in your NH may find useful.

This issue let's look at the **MDS 3.0 Web site**. To view this site, go to the link listed to the right and click the on "MDS3.0 for Nursing Homes" on the left.

On this site you can find a short history of the MDS, the original town hall materials

from 2003, information about the 5 phases of the contracted project, the timeline, and the eagerly awaited Draft version of the MDS 3.0 assessment form.

You can read about the use of direct interview items to consistently elicit resident voice, the

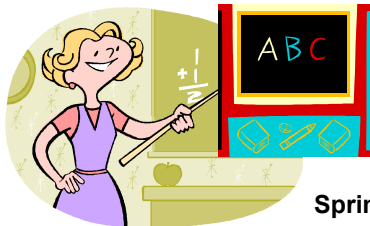
<http://www.cms.hhs.gov/NursingHomeQualityInits>

new accuracy measures and the efficiency measures.



For Washington State Nursing Home Staff... A newsletter from Residential Care Services Of Aging & Disability

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The ABC's of MDS

MDS Education SPRING 2008

Spring into the spring with Residential Care Services two 2-day basic MDS course "**The ABC's of MDS**". The location is RCS HQ Building, Blake East, 4500 10th Avenue SE, Lacey, WA in the Rose Room from 8:00AM- 4:30PM.

The sessions will be on March 27 and 28, 2008 and again May 28 and 29, 2008. Pre-registration is required as space is limited to 30 attendees. Contact Marge Ray, WA State RAI Coordinator, to register or for more info: (360) 725-2487 or e-mail rayma@dshs.wa.gov Email registration is preferred. We will give you directions to the building as MAPQUEST and other online maps do not work for this location.

RCS will also provide a one day session on "**Restorative Nursing and the MDS**" at sites around the state. The session will start at 8:30AM and end by 3:00 PM. Pre-registration is required as space is limited in some locations. Information about locations and dates will be provided as soon as it is available.

All training sessions are free of charge. No food or beverages will be provided.

MDS for the State of Washington

Computer Corner— Goodbye Modem & Hello Broadband

Each issue we discuss a computer or automation related topic that is related to the service of nursing home residents.

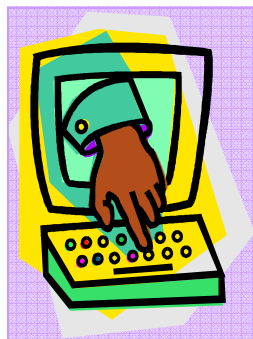
As you may know, we have been asking nursing homes to abandon the dial up modem and begin using a high speed connection via Broadband connectivity to submit MDS assessments. This is part of a national project.

Progress! 60% of the nursing homes in WA State are now using the broadband for submission. The due date of 12-31-07 has been set aside to give technical staff more time to work out NAT (Network Address Translation) issues. CMS and AT&T are on the verge of agreeing to test using Multi Protocol Label Switching (MPLS) appliances which can do NAT. These will

replace the Global Internet Gateway (GIGs) appliances currently used. If this switch happens and solves the problem they will be better able to reset the deadline for ending dial up. I expect that the new due date will be set very soon.

What should I do now?

Even if you do not want to go to Broadband this minute, your IT coordinator or network administrator should download and install the new AT&T Global Network Client (which can be



NEW—NH Rates web page

<http://www.adsa.dshs.wa.gov/professional/rates/>

NEW—Casemix web page

<http://www.aasa.dshs.wa.gov/professional/CaseMix/>

Tip: I find it easily by skipping the web address and going into Google and just typing **DSHS casemix** It is the first item on the list of results.

2008 OBRA Scheduling Calendar

Have you seen the new 2008 OBRA calendar ?

To find it, just enter **QTSO.com** in your web browser, then select **MDS** from the left column.

Go EDIT and FIND (or ctrl F) and enter the word **calendar**. You will find a pdf and Excel version of the new MDS Follow Up Assessment Scheduling Calendar.

We're on the Web!

<http://www.adsa.dshs.wa.gov/>

used with either dialup or Broadband). Then you will be ready to just 'flip the switch' when the time is right.

How do I install the AT&T Global Client? Go to: <https://www.qtso.com/>

Click below "**Alert—Broadband Connectivity...**" There you can download the software, setup instructions, info on network installs, and other files of interest. Note: We still use Medicare Data Communication Network (MDCN) for file transfers.

End User PC Minimum Requirements

CPU: Pentium III, 500 MHZ (Pentium 3, 500 MHZ) PC Memory: 256 Mb PC Operating System: Windows 2000 or XP PC Hard Drive: 500 Mb free space Browser: Internet Explorer v6 Connectivity Client: AT&T Global Client Version 7.0.2